

E. STATE AGENCY COORDINATION

COORDINATION OF TITLE V MCH/CSHCN PROGRAM WITH EPSDT, WIC, TITLE XIX, AND BIRTH TO 3

The Title V Program has strong collaborative ties both internally and externally with many agencies and organizations. Following are highlights of some of the stronger collaboratives that exist.

Prenatal Care Coordination

The State Title V MCH/CSHCN Program provides support and technical assistance for the Medicaid Prenatal Care Coordination Program. PNCC services help pregnant women and their families gain access to medical, social, educational, and other services related to pregnancy. Services are available to Medicaid-eligible pregnant women, with a high-risk for adverse pregnancy outcomes, during pregnancy through the first 60 days following delivery. During the postpartum period, infants are referred for EPSDT/HealthCheck services. The State Title V MCH/CSHCN Program collaborates with the State Title XIX Program on many PNCC activities. In 2004, educational sessions on Medicaid case management programs were held at five sites across the state. The initial assessment tool for the PNCC program is being revised to be more user-friendly, allow for coordination with WIC, and allow for data collection in the Secure Public Health Electronic Record Environment (SPHERE). Pilot testing and evaluation of the revised Pregnancy Questionnaire has been completed. Planning is underway for educational sessions to coincide with the statewide implementation of the revised Pregnancy Questionnaire. The training will include education on strength-based approaches to complete the initial assessment. The USDA funded a WIC Special Projects Concept Paper to increase the number of women receiving both WIC and PNCC services. A survey was completed with a sample of WIC and PNCC sites to identify barriers to receiving both services as well as service delivery models that support dual participation. Many PNCC providers participate in the First Breath Program of the Wisconsin Women's Health Foundation. First Breath provides education, support, and resources to help pregnant women quit smoking. Some local health departments use Title V funds to provide similar services to women who do not qualify for PNCC. These services are targeted to women who are not eligible for Medicaid, or to Medicaid-eligible women who did not qualify for PNCC based on the risk assessment. In addition, a prenatal component is included in the Milwaukee Comprehensive Home Visiting Program.

Birth to 3 Program

The Part C early intervention program called Birth-3 is located in DDES in the proposed Children's Services Section. This Section also administers the Children's Long-Term Care redesign and waiver programs and Family Support. The Title V CSHCN Program works closely with this Section. Wisconsin Sound Beginnings has integrated Early Hearing Detection and Intervention (EHDI) programming with Birth-3 services. MCHB grant funds received by CSHCN have been provided to the Birth-3 Program to improve services for children who are deaf and hard of hearing. The CSHCN Program/Birth-3 have jointly developed and implemented the use of a nutrition screening tool to promote early identification of nutrition service needs. Joint surveys and communication have been developed to inform health care providers about Part C and Title V services. The CSHCN Program and the Birth-3 Program

(Part C) pooled resources to fund First Step, a 24/7 toll free hotline (includes TTY and language line) and website for parents and providers of children and youth with special health care needs. Under statute, Birth-3 staff are appointed by the DHFS Secretary to serve on the Birth Defect Prevention and Surveillance Council. The Council advises the Department regarding the Birth Defects Prevention and Surveillance Registry and outreach to family issues. The CSHCN Medical Director serves on the State's Birth-3 Interagency Coordinating Council and on the newly formed Children's Long-Term Care Committee. The CSHCN Health Promotion Consultant serves on the Birth-3 Autism Services workgroup developing policies and practice standards for county Birth-3 programs regarding children identified on the autism spectrum and receiving in-home autism therapy. The CSHCN Family Centered Care Consultant serves jointly with Birth-3 Staff as co-leads of the annual Circles of Life Conference, an educational opportunity for families of CSHCN.

HealthCheck - Wisconsin's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

HealthCheck promotes early detection and treatment of health conditions associated with chronic illness and disabilities in children. This health screening exam for children includes growth and development checks, hearing and vision checks, and immunizations, as well as a complete physical exam. Screening has steadily increased from 65% in 2001, 67% in 2002, and to 71% in 2003. In 2002, 216,345 screening exams were performed to 248,663 in 2003. Since 1992, the screening has increased from 27% to 71% primarily because of the Medicaid Managed Care program. Wisconsin Medicaid data has shown that children in HMOs are more likely to receive a HealthCheck screening exam than children in the fee-for-service system.

In 2005, Title XIX staff included Title V MCH/CSHCN staff in the planning of a statewide training session scheduled for the fall of 2005 on the most current information and requirements for HealthCheck providers.

Family Leadership and Support

Title V staff work closely in partnership with a wide variety of Family Leadership and Support Programs and/or Initiatives to develop, plan and implement activities related to families. Coordination occurs with parent organizations such as Wisconsin Family Voices, Wisconsin Family Ties, FACETS, Parents as Leaders and Parents in Partnership Training Initiative, Family Action Network and the Parent-to-Parent Matching Program.

Mental Health

The Injury Prevention Program works closely with the Bureau of Mental Health and Substance Abuse Services (BMHSAS), Mental Health Association of Milwaukee County, and county and local mental health professionals on efforts relating to suicide prevention across the age span. The Injury Prevention Program leads monthly meetings of the Suicide Prevention Initiative which includes mental health representatives as active participants.

In collaboration with many public and private partners including MCH/CSHCN staff, the Wisconsin Initiative for Infant Mental Health (IMH) coordinated the development of the Wisconsin Infant and Early Childhood Mental Health Plan. The CSHCN Health Promotion Consultant serves on the IMH Initiative Steering Committee which lends guidance to the Initiative on implementing the Wisconsin Infant and Early Childhood Mental Health Plan. Now as a request from the Governor, DHFS created an Infant Mental Health Leadership Team

to address the infant mental health goal in the Governor's KidsFirst Initiative, support the Infant Mental Health and Early Childhood Plan for Wisconsin, and to spearhead the Department's Infant Mental Health Action Plan. The Leadership Team's charge is to identify ways that DHFS can weave infant mental health best practices and principles into the Department's programs and services in order to promote healthy child development and promote prevention, early intervention and treatment.

An Internal Mental Health/AODA Coordination Committee was established in February 2005 and meets quarterly. This committee is co-chaired by the Director of the BMHSAS and the DHFS Youth Policy Director with additional members from the education department, public health, and mental health/substance abuse divisions. The purpose of this committee is to increase and improve interdivisional and interdepartmental communication and coordination.

In 2005, the DPH, MCH Unit established a State Bullying Prevention Planning Committee. Key members are from public education, public health, medical schools, media, and local community agencies. The general outline of the plan to be developed includes a public awareness campaign, listing of current state and local best practices, establishment of statewide network information sharing process, exploration of policy and legislation strategies and lastly, a link to the Healthiest Wisconsin 2010 State Health Plan.

Through an educational grant from Eli Lilly & Company, the Wisconsin United for Mental Health initiative began in 2002 to help educate and serve as a resource regarding mental illness, postpartum depression and to help reduce the stigma associated with having a mental illness and to encourage people to seek treatment. Spearheaded by the BMHSAS and in collaboration with many partners, the CSHCN Health Promotion Consultant serves on the Steering committee.

Other mental health initiatives, councils and workgroups that the MCH/CSHCN program staff serve on are: Mental Health Transition Advisory Council, Mental Health/Bioterrorism Workgroup, Brighter Futures Initiative, and the Wisconsin Brain Team.

Social Services and Child Welfare

In Wisconsin, there are seventy-two (72) state-administered public child welfare programs - one in each county with services provided by county human or social service departments and the Bureau of Milwaukee Child Welfare in Milwaukee County. In addition, the eleven sovereign Indian tribes each provides child welfare services. The Division of Children and Family Services (DCFS) is the state child welfare agency that guides, supports, and supervises the delivery of child welfare services at the local level. The state provides approximately half of the funds (including federal funds) for child welfare services and the counties provide the other half per the direction of their individual boards of supervisors.

In 2003, Wisconsin was visited by a team from the U.S. Department of Health and Human Services (DHHS) to review the status of child protection in the state. Wisconsin welcomed the federal Child and Family Services Review (CFSR) as an opportunity to learn about past performance of the Child Protective Service (CPS) system, and to engage many partners in planning and implementing improvements. Wisconsin's Child Welfare Program Enhancement Plan (PEP) is a two-year plan by which the state and its county and tribal partners can implement system-level change. It was designed to achieve the newly established federal standards for child protective services that are associated with the first-ever, nationwide review of state child welfare systems. The PEP is a product of extensive collaboration and focused

particularly on establishing and implementing best practices in child welfare that will meet federal standards. Wisconsin's PEP will lead to better outcomes for children and better help for families. Wisconsin's Child Welfare Program Enhancement Plan was submitted to the U.S. Department of Health and Human Services on April 14, 2004 and approved November 1, 2004 with workgroups formed and implementation strategies planned through 2006. The FHS Chief attends the quarterly planning PEP meetings.

The Wisconsin MCH program maintains a continuing working relationship with DCFS and county social services to enhance services that prevent child abuse and neglect and promote the health and well being of children in out-of-home placement. To implement activities per Memoranda of Understanding with DCFS, the DPH/MCH program has worked closely to promote evidence-based, home visiting programs in 10 sites throughout the state and Milwaukee County to prevent child maltreatment. This also includes DPH close collaboration with the DCFS training contactor, the University of WI-Extension, to provide high, quality training for local staff providing primary prevention home visiting services.

Education

The CSHCN Family Centered Care Consultant serves on the advisory board of the Wisconsin School Parent Educator Initiative which promotes parent involvement in the education system for students with disabilities.

The Department of Public Instruction (DPI) received a 5-year State Improvement Grant and developed the Wisconsin State Improvement Plan for Children with Disabilities. This plan provides the foundation, direction, and leadership in the education and lifework planning of students with disabilities. This grant is to assist the department and its partners with reforming and improving state systems providing early intervention, education, and transition services to families and their children with disabilities. As a partner in this project, the CSHCN Health Promotion Consultant sits on the State Improvement Grant Steering Committee. Parts of this plan dovetail into the Early Childhood Comprehensive Systems Grant.

The Department of Health and Family Services (DHFS)/Division of Public Health's Youth Policy Director has been appointed by the State Education Superintendent to serve on the Superintendent's Advisory Council for Alcohol and Other Drug Abuse Programs effective August 1st, 2005 through August 1st, 2008. The goal of this Council is to provide advice to the Department of Public Instruction and the Superintendent on AODA programming, funding, and initiatives that promote the health and well-being of children.

The DHFS/Division of Public Health's Youth Policy Director was asked to serve on the Department of Public Instruction's new Wisconsin Afterschool Network and corresponding Oversight Work Group. The goal of this new Network will be to focus on establishing an infrastructure that can provide advocacy, policy guidance, funding support, training, and technical assistance, as well as the identification of quality program components for afterschool programs in Wisconsin.

Early Childhood Comprehensive Systems

With receipt of the Early Childhood Comprehensive Systems (ECCS) grant and the increased MCH state-level capacity, the early childhood years, have become an enhanced focal point within the maternal and child health program. The long term objective of Wisconsin's ECCS project is a major systems building effort and MCH infrastructure realignment. During the past

18 months of MCH leadership in initiating the ECCS project, a shift toward greater communication has evolved among stakeholders from the five component areas, with a growing interest in systems integration for young children and their families.

Department of Justice

The Department of Justice is a member of the Injury Prevention Program's CDC grant, Wisconsin Violent Death Reporting System Technical Advisory Board (TAB). It meets twice a year and uses email to disseminate pertinent information and technical support and requests to members. Department of Justice (DOJ) is also home for the state's Child Death Review Team of which the Chief Medical Officer for MCH, Bureau of Community Health Promotion is a member. Various other Division of Public Health staff attend, e.g., Injury Prevention Team Leader as well.

SSA, Voc Rehab, Disability Determination, and Transitions

The Disability Determination Bureau (DDB) within the DHFS has the SSA contract for determining eligibility of all SSI applicants including those under age 16. Each month the DDB sends names of new child applicants and those whose eligibility is under review to the Title V MCH/CSHCN Program. The Program sends these families information about the state's Title V funded Regional CSHCN Centers and other resources. Outreach by these Regional CSHCN Centers includes contact with local SSA and Division of Vocational Rehabilitation (DVR) offices. DVR, SSA, and the Regional CSHCN Centers are among the youth-to-adult transition stakeholders participating with the State CSHCN Program in the Statewide Health and Ready to Work Transition Consortium.

AODA

See discussion under "Relationship with Mental Health".

The DHFS/Division of Public Health's Youth Policy Director was asked to serve and represent public health on the AODA State Incentive Grant Advisory Committee staffed by the DHFS/Division of Disability and Elder Service's Bureau of Mental Health and Substance Abuse Services. This committee is charged with the goal to create a state plan to address substance abuse prevention services for youth ages 12 to 17. The committee has also embraced the AODA objectives included within the Healthiest Wisconsin 2010 State Health Plan.

Federally Qualified Health Centers

Implementation of the Medicaid Family Planning Waiver has been an opportunity for the Title V MCH/CSHCN Program to work in collaboration with FHQCs to promote access to contraceptive services and primary care services.

Primary Care Associations

There has been minimal involvement with primary care associations primarily because the Title V MCH/CSHCN Program focus is infrastructure development and system building. The CSHCN Program's medical home initiative works closely with a select group of primary care providers as well as the Reproductive Health Program. More time and effort will be dedicated to developing relationships with key primary care groups in 2006.

Tertiary Care Facilities

The Title V CSHCN/MCH Program has established formal partnerships with tertiary care facilities. These relationships have developed over a number of years as Title V/Tertiary Care Facilities have worked together to implement key public health programs. For example the Congenital Disorders Program (newborn screening) has established contracts with major pediatric centers (i.e., Children's Hospital of Wisconsin (CHW), University of Wisconsin Hospital and Clinics including Waisman Center, LaCrosse Gunderson, Marshfield Clinic) to provide diagnostic and treatment services for identified infants. In addition, there are contracts with genetics providers at key tertiary facilities to provide genetics services outreach. More recently the CSHCN Program has worked with tertiary centers to implement birth defects reporting to the newly established Wisconsin Birth Defects Registry (WBDR). The CSHCN Program as part of its newly funded CSHCN integration grant called Wisconsin Integrated System for Communities Initiative (WISC-I) will be working with the University of Wisconsin-Pediatric Pulmonary Center and CHW to establish mechanisms to transition youth with special health care needs to adult tertiary care.

The number of neonatal intensive care units in Wisconsin has increased from 6 in the 1970s to 19 in 2004. With the increasing number of NICUs there are concerns about the quality of care regarding the attendant loss of coordination of care and more care delivered in smaller units. The Wisconsin Association for Perinatal Care published an article in the Wisconsin Medical Journal and convened meetings on regionalization of perinatal care in Wisconsin. One recommendation is to adopt designations for levels of care published by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. This would entail discontinuing referring to Wisconsin hospitals by two levels of care and instead use six categories: Level I, Level II A-B, and Level III A-C. WAPC and its partners defined additional steps to address quality improvement, define perinatal outcomes sensitive to quality of care, collect and analyze outcomes data, and continue statewide discussions about the status of regionalized care and outcomes.

Public Health, Health Professional Educational Programs, and Universities

The Title V MCH/CSHCN Program in Wisconsin has a long standing relationship between the University of Wisconsin (UW) Schools of Medicine and Nursing, Population Health, and Waisman Center (University Center for Excellence in Developmental Disabilities (UCEDD), Mental Retardation/Developmental Disabilities Research Center (MR/DDRC), and MCHB funded LEND program). Students and faculty from these programs have worked together on a number of public health related activities such as the Needs Assessment, Pediatric Pulmonary Center, Wisconsin Sound Beginnings, and Medical Home Learning Collaborative. The BCHP provides student internship experiences in both the MCH and CSHCN Programs. Also the UW Department of Information Technology (UW-DoIT) is a critical partner in the development of the Public Health Information Network (PHIN). The UW Extension system is a partner in training and education related to MCH related programs such as the home visiting initiative. The MCH/CSHCN Program has also developed collaborative relationships with the State Laboratory of Hygiene, Medical College of WI, Marquette School of Dentistry, the Schools of Nursing at the UW-Milwaukee and Marquette, and the UWM School of Communication, surrounding critical public health issues such as Medical Home, oral health, perinatal care, birth defects surveillance and prevention, and early hearing detection and intervention.